

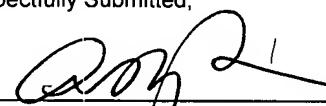
NOV 21 2007



In re Application of: Weers et al. Application No: 10/644,265 Confirmation No: 7484 Filed: August 19, 2003 Title: Stabilized preparations for use in metered dose inhalers	Group Art Unit: 1616 Examiner: Alstrum Acevedo, James Henry Attorney Docket No: 0056.11 November 21, 2007 San Francisco, California
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
Papers Enclosed <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Request for Continued Examination (RCE, in duplicate) <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Modified PTO-1449 Form (25 pgs) <input checked="" type="checkbox"/> Non-Patent Literature References (1 box) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	
Total \$ 0.00			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	107	157	0	\$50.00	\$25.00	\$0.00
Independent Claims	6	7	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$ 0.00

Fee Payment	Fee Deficiency
Extension Fees \$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fee for RCE \$810.00	
Total \$810.00	
<input checked="" type="checkbox"/> Attached is check no. <u>2776</u> in the sum of <u>\$810.00</u> <input type="checkbox"/> Please charge Deposit Account No. _____ in the sum of _____.	Please direct telephone calls to: Ashok Janah at (415) 538-1555 Please continue to send correspondence to: NEKTAR THERAPEUTICS 201 INDUSTRIAL ROAD SAN CARLOS, CA 94070
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in a package addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below.	
By: <u>Amy M. Wells</u> Amy M. Wells	Respectfully Submitted,  By: <u>Ashok Janah</u> Ashok Janah Registration No. 37,487
	Date: <u>November 21, 2007</u>